MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 10/568637

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2						
3		1		1		
4		0		1		
5		0		1		
6	1		1			
7						
8		2		1		
9		0		1		
10		0		1		
11	1		1			
12		1		1		
13	1			1		
14						
15		2		1		
16		2		1		
17		0		1		
18		2		1		
19	1		1			
20		1		1		
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TOTAL IND.		5				
TOTAL DEP.		16				
TOTAL CLAIMS		21				

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						